

# SO ATHLETE REGISTRATION FORM \*WINTER– SPRING 2010\*

Per Season/Athlete	For Official Use Only
\$35 for sport 1	Check # _____
+\$5 for sport 2	Amount _____
+\$5 for sport 3	Date Rec'd _____
+\$0 for any addn'l sports	By _____

**Waiver:** As a participant, or parent or guardian of a participant, permission is granted to participate in the Mesa Parks and Recreation program listed below. Participants understand and agree that they may be photographed and/or videotaped for the promotion of City of Mesa programs. I understand that there are risks of physical injury to the participant(s). considering all possible risks, on behalf of the participant(s) and myself, I voluntarily waive, release, discharge and hold harmless the City of Mesa, its employees, supervisors, appointed officials, agents, representatives and volunteers from all claims for injuries to participant(s), no matter how severe. Furthermore, I give consent for emergency treatment to the participant(s). this waiver does not extend to any such claim or liability that is caused solely and exclusively by the gross negligence of the City of Mesa or its employees, supervisors, appointed officials, agents representatives and volunteers.

Parent/Guardian Signature \_\_\_\_\_

## Please check all of the sports in which you wish to participate.

- |   |  |   |   |  |
|---|--|---|---|--|
| <input type="checkbox"/> Basketball – Adult<br>Activity # 983401-11             | <input type="checkbox"/> Basketball - Jr.<br>Activity # 983401-12                | <input type="checkbox"/> Basketball – Unified<br>Activity # 983401-13 | <input type="checkbox"/> Bowling –<br>Adult Session I<br>Activity # 983409-12 | <input type="checkbox"/> Bowling –<br>Adult Session II<br>Activity # 983409-21 |
| <input type="checkbox"/> Bowling –<br>Unified Session I<br>Activity # 983409-13 | <input type="checkbox"/> Bowling –<br>Unified Session II<br>Activity # 983409-23 | <input type="checkbox"/> Cheerleading<br>Activity # 983402-11         | <input type="checkbox"/> Floor Hockey<br>Activity # 982411-11                 | <input type="checkbox"/> Gymnastics<br>Activity # 983405-11                    |
| <input type="checkbox"/> Tennis<br>Activity # 983404-11                         | <input type="checkbox"/> Track & Field - Adult<br>Activity # 983403-13           | <input type="checkbox"/> Track & Field - Jr.<br>Activity # 983403-12  | <input type="checkbox"/> Track & Field - East<br>Activity # 983403-11         | <input type="checkbox"/> Flag Football<br>Activity # 983416-11                 |

## Complete If Paying By Credit Card

Credit Card No: _____	Exp. Date: _____	Total Fees: _____
Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> AmEx <input type="checkbox"/> Name as it appears on card: _____		

## Athlete Information

Are you new to Mesa Adaptive Sports programs? ☐ Yes ☐ No

If returning, has any contact information changed? ☐ Yes ☐ No

Full Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Would you like to be on an MASD email distribution list? ☐ Yes ☐ No ☐ Already on

Do you plan on competing this season? ☐ Yes ☐ No Gender (Circle One): Female Male

Name of school and / or work \_\_\_\_\_

Ethnic Origin (Optional) \_\_\_\_\_

Primary Language \_\_\_\_\_

T-Shirt Size (Circle One) youth: L adult: S M L XL XXL

Medical Diagnosis \_\_\_\_\_

Has athlete had an Atlantoaxial Dislocation X-Ray? ☐ Yes ☐ No

Medications (list) \_\_\_\_\_

Does the athlete have a history of seizures? ☐ Yes ☐ No

Special Needs/Allergies \_\_\_\_\_

## Parent/Emergency Contact

Full Name \_\_\_\_\_ Relationship to Athlete \_\_\_\_\_

Email \_\_\_\_\_ Primary Phone \_\_\_\_\_